



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Fereidoon Heydari et al.

Title: DATA CODE AND METHOD FOR CODING DATA

Serial No.: 09/994,009

Filing Date: November 5, 2001

Examiner/Unit: Glenda P. Rodriguez/2651

AttY Docket No.: 01-S-023 (1678-39)

**RECEIVED**

AUG 16 2004

Technology Center 2600

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this communication, and any document being attached hereto,

☒ is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450

on this 5th day of August, 2004.

  
Signature

**MAIL STOP:NON-FEE AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT/RESPONSE**

Sir:

In response to the Office Action of May 5, 2004, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims which begins on page 2 of this paper.

**Remarks/Arguments** begin on page 9 of this paper.

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TRANSMITTAL LETTER

TO THE COMMISSIONER FOR PATENTS:

Transmitted herewith is:

A response/amendment in the above-identified application.

\_\_\_\_\_ The fee has been calculated as shown below:

X No additional claim fee is required.

**Computation of Fee  
For Claims as Amended**

	<u>Claims Remaining After Amendment</u>		<u>Highest Number Previously Paid for</u>		<u>Present Extra</u>	<u>Rate</u>	<u>Addl. Fee</u>
Total Claims	33	Minus	33	=	0 x	\$18/\$9 =	\$
Independent Claims	12	Minus	12	=	0 x	\$86/\$43 =	\$
Total additional fee for this amendment							\$

\* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

\*\* If the "Highest Number Previously paid for" is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" is less than 3, write "3" in this space.

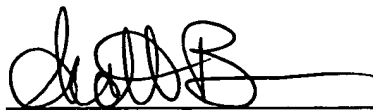
\_\_\_\_\_ Check No. \_\_\_\_\_ in the amount of \_\_\_\_\_ for the additional claim fee is enclosed.

\_\_\_\_\_ Charge \$ \_\_\_\_\_ to Deposit Account No. \_\_\_\_\_. A copy of this sheet is enclosed.

  X   Please charge any deficiency fees or credit overpayment to Deposit Account No. 07-1897.

Respectfully Submitted,

**GRAYBEAL JACKSON HALEY LLP**



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155 – 108<sup>th</sup> Ave. NE, Suite 350  
Bellevue, WA 98004-5973  
(425) 455-5575

Dated: August 5, 2004